

UNITED STATES RECEIVED SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549APR 1 7 2007

FORM D NOTICE OF SALE OF SECURITIES 200

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| 38 | 7 | 2 | // |
|-----|--------|-----|----|
| OMB | APPRΩ' | VAI | |

OMB APPROVAL
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Estimated average burden
hours per response......16.00

| SEC USE ONLY | | | | | | |
|--------------|---------|--------|--|--|--|--|
| Prefix | | Serial | | | | |
| | | | | | | |
| DAT | E RECEI | VED | | | | |
| | | | | | | |

| | UNIFORM LIM | ITED OFFERING E | XEMPTION | | |
|---|---|---|--------------------------|---|---|
| Name of Offering (check if the Limited Partnership Interests | | | | , L.P. | |
| Filing Under (Check box(es) that | | | | | |
| Type of Filing: New Filing | X Amendment | | | | |
| | | A. BASIC IDENTIFIC | CATION DATA | | |
| 1. Enter the information reques | ted about the issuer | | | | |
| Name of Issuer (check if this | | changed, and indicate c | hange.) | | |
| Goldman Sachs Private Equity | | | · · | | |
| Address of Executive Offices | (Number and Street, City, State | | Telephor | ne Number (including A | Area Code) |
| c/o Goldman Sachs Asset Man | agement | | 1-800-52 | | • |
| 32 Old Slip, 17th Floor, New Y | | | | | |
| Address of Principal Business C (if different from Executive Offi | perations (Number and Street, C | City, State, Zip Code) | Telephor | ne Number (including A | rea Code) |
| Brief Description of Business | | | | | - |
| Private investment fund. | | | | | |
| Type of Business Organization | | ••••• | | | |
| corporation | Alimited partnership, already | formed | | | DDOOFCCED |
| _ corporation | 3 , | | other (please spe | ecify): | PROCESSED |
| ☐ business trust | ☐limited partnership, to be for | | | | |
| Actual or Estimated Date of Inc | orporation or Organization: | Month Year 0 9 0 6 | ☑ Actual ☐ Estin | nated | MAY 0 1 2007 |
| Jurisdiction of Incorporation or | Organization: (Enter two-letter | U.S. Postal Service abbr | eviation for State: | | ∠THOMSON |
| • | CN for | Canada; FN for other for | reion iurisdiction) | DE | INCIVISOR |
| GENERAL INSTRUCTIONS | | Quite 201 | Tight junious in | | STIMANCIAL |
| 02.22.2.2 | | | | | - |
| Federal: Who Must File: All issuers mak 77d(6). | ing an offering of securities in r | eliance on an exemption | under Regulation D | or Section 4(6), 17 CFR | . 230.501 et seq. or 15 U.S.C. |
| When To File: A notice must be Exchange Commission (SEC) or due, on the date it was mailed by | n the earlier of the date it is rece | ived by the SEC at the a | ddress given below or | | |
| Where to File: U.S. Securities a | nd Exchange Commission, 450 | Fifth Street, N.W., Wasi | hington, D.C. 20549. | | |
| Copies Required: Five (5) copies photocopies of the manually sign | | | h must be manually si | gned. Any copies not n | nanually signed must be |
| Information Required: A new fi information requested in Part C, the SEC. | ling must contain all informatio and any material changes from | n requested. Amendment the information previous | nts need only report the | ie name of the issuer and and B. Part E and the | d offering, any changes thereto, the Appendix need not be filed with |
| Filing Fee: There is no federal i | filing fee. | | | | |

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, fallure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

| | | | A. BASIC II | DENTIFICATION DAT | A | |
|---------------------|---|--|--|----------------------------|------------------|--|
| 2. Ente X X X | Each beneficial of the issuer; Each executive of | f the issuer, if the owner having the officer and direct | e issuer has been organiz e power to vote or dispos | nd of corporate general ar | sposition of, 10 | % or more of a class of equity securities rtners of partnership issuers; and |
| Check I | Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General Partner |
| | me (Last name first n Sachs PEP IX Dire | | dvisors, L.L.C. | | | |
| Busines c/o Gold | s or Residence Add man Sachs Asset Ma | iress (Number a anagement, 32 Ol | nd Street, City, State, Zip Id Slip, 17th Floor, New Yo | o Code) ork, NY 10005 | | |
| Check E | Box(es) that Apply: | □Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Na | me (Last name first | , if individual) | | | | |
| Busines | s or Residence Add | lress (Number a | nd Street, City, State, Zip | Code) | | ······································ |
| Check E | Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| | me (Last name first | | | | | |
| Busines | s or Residence Add | lress (Number a | nd Street, City, State, Zip | Code) | | |
| Check E | Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Na | me (Last name first | , if individual) | | | | |
| Busines | s or Residence Add | lress (Number a | nd Street, City, State, Zip | Code) | | , |
| Check E | Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner |
| Full Na | me (Last name first | , if individual) | • | | | |
| Busines | s or Residence Add | lress (Number a | nd Street, City, State, Zip | Code) | · • | |
| Check E | Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner |
| | me (Last name first | | | | | • |
| Busines | s or Residence Add | ress (Number a | nd Street, City, State, Zip | Code) | <u> </u> | ··· |
| Check E | lox(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Nar | ne (Last name first | , if individual) | | | | |
| Busines | s or Residence Add | ress (Number a | nd Street, City, State, Zip | Code) | | |
| | Sox(es) that Apply: | | ☐ Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Nat | ne (Last name first | , if individual) | | | | |
| Busines | s or Residence Add | ress (Number ar | nd Street, City, State, Zip | Code) | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

☐ Executive Officer

☐ Beneficial Owner

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Director

☐ General and/or Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

| | | | | | B. INFO | RMATIC | N ABOU | T OFFER | UNG | | | | | |
|------------------------------|---|------------------------------|------------------------------|-------------------------------|------------------------------|---|--|---|---|---|--|------------------------------|-------------------|---------|
| l. Has | the issuer so | ld, or does (| the issuer in | itend to sell | , to non-acc | redited inv | estors in thi | is offering? | *************************************** | *************************************** | ······································ | ***** | Y e s □ | No ⊠ |
| | | | | | Answer also | in Append | lix, Column | 2, if filing | under ULC | Œ. | | | | |
| 2. Wh | at, is the mini | mum invest | ment that w | ill be accep | ted from ar | y individua | al? *Subje | ct to the di | scretion of | the Genera | al Partner. | | \$ 10,00 | 0,000* |
| 3. Doe | s the offering | permit joir | nt ownershi | p of a singk | unit? | ••••• | | *************************************** | | ** | | •••••• | Yes ⊠ | No □ |
| rem per: | er the information for son or agent of (5) persons to | solicitation f a broker o | of purchase or dealer reg | ers in conne fistered with | ction with the SEC a | sales of sec | urities in the a state or st | e offering. ates, list the | If a person name of the | to be listed te broker or | is an assoc dealer. If r | iated nore than | | |
| | (Last name fi | | idual) | | | | | | | | | | | |
| | * | · | | | | | | | | | | | | |
| Private Ec | r Residence A Julty Group, ssociated Bro | 85 Broad S | Street, New | | | Code) | | | | | | | | |
| States in W | hich Person l | Listed Has | Solicited or | Intends to | Solicit Purc | hasers | | | | | | | | |
| (Che | ck "All States | " or check i | ndividual S | tates) | | | ****************** | | | ⊠ | All States | | | |
| [AL] [IL] [MT] (RI) | [N] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | (DC) [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | (ID) (MO) (PA) (PR) | | |
| | (Last name fi | | | | | 11 | Link | | | <u></u> | | | | |
| Business o | Residence A | ddress (Nu | mber and S | treet, City, | State, Zip C | Code) | | • | | | | | | |
| Name of A | ssociated Bro | ker or Deal | er | | | | | | | | | | | |
| States in W | hich Person I | isted Has S | Solicited or | Intends to S | Solicit Purc | hasers | | | | • | | | | |
| (Check "A | l States" or cl | heck individ | dual States) | | ************* | | ********* | | | | All States | | | |
| (AL) (IL) (MT) (RI) | , [IN] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | (DC) [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Full Name | (Last name fi | rst, if indivi | idual) | | | | <u>- </u> | • | | | | | | |
| Business or | Residence A | ddress (Nu | mber and S | treet, City, | State, Zip C | Code) | | | | _ | | | | |
| Name of A | ssociated Bro | ker or Deal | er | | | | | | | | | | | |
| States in W | hich Person (| isted Has S | Solicited or | Intends to S | Solicit Purc | hasers | | | | | · · · · | | | |
| (Check "Al | l States" or cl | neck individ | lual States) | | ************* | *************************************** | | ************** | ************ | | All States | | | |
| (AL) (IL) [MT] (RI) | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF | PROCEEDS | |
|----|---|-----------------------------|--------------------------------------|
| l. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | S | s |
| | Equity | S | s |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | s |
| | Partnership Interests | \$ 750,000,000 | \$ 57,000,000 |
| | Other (Specify) | S | S |
| | Total | \$ 750,000,000 | \$ 57,000,000 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 4 | \$ 57,000,000 |
| | Non-accredited Investors | | s |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | s |
| | Regulation A | | s |
| | Rule 504 | | s |
| | Total | | s |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | s |
| | Printing and Engraving Costs | ⊠ | \$ 25,000 |
| | Legal Fees | \boxtimes | \$ 150,000 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | S |
| | Sales Commissions (specify finders' fees separately) | | \$0 |
| | Other Expenses (identify) | | s |
| | Total | ⊠ | \$ 175,000 |
| | | | |

| 4. | b. Enter the difference between the aggregate offe expenses furnished in response to Part C - Question | ring price given in response to Part C - Question 1 and total n 4.a. This difference is the "adjusted gross proceeds to the | | |
|-----------|--|--|--|---|
| | issuer." | , <u> </u> | | \$ 749,825,000 |
| 5. | the purposes shown. If the amount for any purpose | oceeds to the issuer used or proposed to be used for each of e is not known, furnish an estimate and check the box to the d must equal the adjusted gross proceeds to the issuer set | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments To |
| | | | - | Others |
| | | | | □s |
| | | | | □ s |
| | - | ninery and equipment | | □ \$ - |
| | | ities | . <u> </u> | □ s |
| | Acquisition of other businesses (including the valu offering that may be used in exchange for the asset pursuant to a merger) | e of securities involved in this s or securities of another issuer | \$ | □s |
| | Repayment of indebtedness | | . s | □ \$ |
| | Working capital | | . s | □s |
| | Other (specify): Investments in securities and ac | tivities necessary, convenient, or incidental thereto. | □ s | ⊠ \$ 749,825,000 |
| | Column Totals | | . s | ⊠ \$ 749,825,000 |
| | Total Payments Listed (column totals added) | | ⊠ \$ 749, | 825,000 |
| _ | | D. FEDERAL SIGNATURE | · | |
| ur | ssuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Securi coredited investor pursuant to paragraph (b)(2) of F | undersigned duly authorized person. If this notice is filed uties and Exchange Commission, upon written request of its s | nder Rule 505, the followitaff, the information furnis | ng signature constitu hed by the issuer to a |
| ssi Go | er (Print or Type) dman Sachs Private Equity Partners IX— ect Investment Fund, L.P. | Signature Da | ril (2 , ²⁰⁰⁷ | |
| | ne of Signer (Print or Type) | Title of Signer (Print or Type) Vice President of the Managing Member of the General | Partner of the Issuer | |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

